

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Coroner must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23962
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 255

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| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City | | c. CITY OR TOWN Jefferson City | |
| c. FULL NAME OF (If NOT in hospital, give location) Charles E. Still | | d. STREET ADDRESS 411 Broadway | |
| 3. NAME OF DECEASED (Type or print) Osteopathic Hospital | | 4. DATE OF DEATH July 29, 1957 | |
| 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Oct. 1, 1904 | |
| 9. AGE (In years last birthday) 53 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker | | 11. BIRTHPLACE (City and state or country) California, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13. FATHER'S NAME Charles Hill | |
| 14. MOTHER'S MAIDEN NAME Mary Pankey | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Charles McDaniel, Jr. Jefferson City, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Medullary failure - cachexia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized carcinomatosis DUE TO (c) primary carcinoma of ovary PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | 175X | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION Jefferson City, Mo. | |
| 21. I attended the deceased from 7-12-57 to 7-29-57 and last saw her alive on 7-29-57 Death occurred at 5:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE R. L. Michael, M.D. | |
| 22b. ADDRESS Jefferson City, Mo. | | 22c. DATE SIGNED 8/2/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE July 31, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY New City Cemetery | | 23d. LOCATION (City, town, or county) (State) California, Missouri | |
| 24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo. | | 25. DATE RECD. BY LOCAL REG. 30 July 1957 | |
| 26. REGISTRAR'S SIGNATURE R. P. Harris, M.D. | | (Licensed Embalmer) (Signature on Reverse Side) | |

AUG 15 1957
 11:30 AM
 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by _____, Student Embalmer No. _____
 working under my personal supervision..

Student _____
 Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 462

P. O. Address Prma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.